



STATE OF WEST VIRGINIA
OFFICE OF THE ATTORNEY GENERAL
DARRELL V. MCGRAW, JR.
CONSUMER PROTECTION DIVISION
1-800-368-8808 or 304-558-8986



<http://www.wvago.gov>

E-Mail: consumer@wvago.gov

CONSUMER MORTGAGE COMPLAINT

1. PARTY COMPLAINING

☐ Mr. ☐ Mrs. ☐ Ms.

Name: _____

Mailing Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Home Telephone: _____

Work Telephone: _____

Cell Telephone: _____

Email: _____

Best time to contact me: _____

Property Address - If different than the mailing address: _____

2. COMPLAINT AGAINST

Bank Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Name of person you dealt with: _____

Title: _____

Please provide as much information as you can. If you do not know the answer to a question, feel free to answer, "I do not know." You may supplement your answers later.

3. A. Who do you receive your monthly mortgage statements from? Please provide the name, address, and telephone number of the **current mortgage servicer**:

B. Who did you make your original mortgage loan with? Please provide the name, address, and telephone number of the **original mortgage lender**:

C. Who is the owner of your mortgage loan? Please provide the name, address, and telephone number of the **mortgage loan owner**:

4. A. Have you received a foreclosure **notice**? ☐ Yes ☐ No

If yes, please provide the **Trustee** information: _____

B. Have you received a foreclosure **sale date**? ☐ Yes ☐ No

If yes, please provide the **date and time** set for the sale: _____

C. Has a foreclosure already occurred? ☐ Yes ☐ No

If yes, please provide the **date**: _____

D. Have you received an order of eviction? ☐ Yes ☐ No

If yes, please provide the **date**: _____

5. Do you currently live in the home? ☐ Yes ☐ No

6. Have you attempted to work with your mortgage servicer? If yes, please describe your experience in detail below.

7. Have you filed this complaint with any other agency or organization? ☐ Yes ☐ No

If yes, please identify the organization and explain any action that may have been taken: _____

8. Describe any legal action you have taken: _____

**Attach copies of all documents – front and back – related to your mortgage.
If statements or promises were not in writing, describe them in Question 9.
If you need additional space to tell what happened,
please continue on a separate page and attach it to your complaint.
Please DO NOT send original documents.**

9. Please describe your complaint in detail - use additional paper if necessary:

10. How do you want your complaint resolved? _____

The information you provide will be used in efforts to resolve your problem and may be shared with the party complained against. It may also be used to enforce applicable state laws.

I hereby authorize any party to whom the Attorney General directs this complaint to release any and all information about this matter, including account information, to the Attorney General's Office.

I certify that all information on this form is true and accurate to the best of my knowledge and belief, and that I have the legal authority to submit this claim.

Mountain State Justice, Inc., and Legal Aid of West Virginia are partnering with the Attorney General's office to provide free legal advice about additional legal claims regarding mortgage complaints. **A referral to Mountain State Justice, Inc., and Legal Aid of West Virginia for legal assistance will be in addition to, and will not impact, any other assistance the Attorney General will provide you.**

I hereby request that the West Virginia Attorney General's office send a copy of this Mortgage Complaint Form and any related personal financial information to the free, non-profit offices of Mountain State Justice and Legal Aid of West Virginia for evaluation of possible legal claims.

_____ Initials (Must be initialed before the complaint can be forwarded)

SIGNATURE (Required)

DATE

Optional:

AGE: _____

☐ Male ☐ Female

MARITAL STATUS:

☐ Married ☐ Single

☐ Divorced ☐ Widowed

RACE:

☐ Caucasian ☐ African American

☐ Hispanic ☐ Other: _____

Return this form and copies of your papers to:

Office of the Attorney General
Consumer Protection Division
PO Box 1789
Charleston, WV 25326-1789